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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE		
						10/06/9598			
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51			
2		1				52			
3	2	1				53			
4	1	1				54			
5	1	1				55			
6	1	1				56			
7	2	1				57			
8	1	1				58			
9	1	1				59			
10	1	1				60			
11	1	1				61			
12	1	1				62			
13	1	1				63			
14	1	1				64			
15	1	1				65			
16	1	1				66			
17	1	1				67			
18	1	1				68			
19	1	1				69			
20	1	1				70			
21	1	1				71			
22	1	1				72			
23	1	1				73			
24	1	1				74			
25	1	1				75			
26	1	1				76			
27	1	1				77			
28	1	1				78			
29	1	1				79			
30	1	1				80			
31	1	1				81			
32	1	1				82			
33	1	1				83			
34	1	1				84			
35	1	1				85			
36	1	1				86			
37	1	1				87			
38	1	1				88			
39	1	1				89			
40	1	1				90			
41	1	1				91			
42	1	1				92			
43	1	1				93			
44	1	1				94			
45	1	1				95			
46	1	1				96			
47	1	1				97			
48	1	1				98			
49	1	1				99			
50	1	1				100			
TOTAL ID.		1				TOTAL IND.			
TOTAL DEP.		1				TOTAL DEP.			
TOTAL CLAIMS		25				TOTAL CLAIMS			